

SPACE ABOVE THIS LINE FOR RECORDING DATA

PREPARED BY AND RETURN TO:

GARY P. SNYDER, MSB#7682
WATKINS LUDLAM WINTER & STENNIS, P.A.
6897 Crumpler Blvd., Suite 100
Olive Branch, MS 38654
(662) 895-2996
WLWS #00931.34976

GRANTOR(S) ADDRESS:

4275 Gatewood Lane
Duluth, GA 30097
Phone: 770 633 4737
Phone: 706 218 2466

GRANTEE(S) ADDRESS:

3816 Saddle Bend Drive
Olive Branch, MS 38654
Phone: 901 619 6978
Phone: 615 268 4359

INDEXING INSTRUCTIONS: Lot 98, Section C, Belmor Lakes situated in Section 16, Township 2 South, Range 6 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 83, Page 3.

BOBBY J. COX

GRANTOR

TO:

**JEFFREY GANN and wife,
MARIA PIKE GANN,**

GRANTORS

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, BOBBY J. COX, do hereby sell, convey and warrant unto, JEFFREY GANN and wife, MARIA PIKE GANN, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi described as follows, to-wit:

Lot 98, Section C, Belmor Lakes situated in Section 16, Township 2 South, Range 6 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 83, Page 3, Chancery Clerk's Office, DeSoto County, Mississippi.

By way of explanation, the subject property was acquired by Bobby J. Cox and wife, Nancy G. Cox, as tenants by the entirety with full rights of survivorship and not as tenants in common. The said Nancy G. Cox died on August 27, 2005 as evidenced by a copy of her death certificate attached hereto and marked as Exhibit "A".

Cheryl Cox, wife of Bobby J. Cox, joins in the execution of this instrument for the purpose of conveying any marital or homestead rights she may have in the above described property.

The warranty in this Deed is subject to subdivision and zoning regulations in effect in DeSoto County, Mississippi and further subject to all easements as shown on plat of record and restrictive covenants for Belmor Lakes recorded in Book 378, Page 504, Land Records, Chancery Clerk's Office, DeSoto County, Mississippi. This conveyance is further subject to Rights of Way to Mississippi Power & Light recorded in Book 25, Pages 65, 149 and 153 and an Easement to Lewisburg Water Association, Inc. recorded in Book 222, Page 207, all in the Land Records, Chancery Clerk's Office, DeSoto County, Mississippi.

It is agreed and understood that taxes for the year 2010 shall be prorated as of the date of this instrument and shall be paid by the Grantees when and as due and possession is given upon delivery of this Deed.

WITNESS OUR SIGNATURES, this 12th day of May, 2010.

Bobby J. Cox
BOBBY J. COX
Cheryl Cox
CHERYL COX

STATE OF MISSISSIPPI

COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this the 12th day of May, 2010, within my jurisdiction, the within named BOBBY J. COX and CHERYL COX, who acknowledged that they executed the above and foregoing instrument.

Melissa A. Schmidt
NOTARY PUBLIC

My Commission Expires: 1-26-11





TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE
NUMBER

E/PRINT
IN
VARIANT
CK INK
FOR
CTIONS
ANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) Nancy Guy Cox						2. SEX Female		3. DATE OF DEATH (Month, Day, Year) Aug. 27, 2005			
4. SOCIAL SECURITY NUMBER		5a. AGE-LAST BIRTHDAY (Years) 42		5b. UNDER 1 YEAR MO. DAYS		5c. UNDER 1 DAY HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) Feb. 24, 1963		7. BIRTHPLACE (City and State or Foreign Country) Augusta, GA	
8. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)									
9b. FACILITY NAME (If not institution, give street and number) Methodist Germantown Hosp.				9c. CITY, TOWN, OR LOCATION OF DEATH Germantown				9d. COUNTY OF DEATH Shelby			
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Bobby J. Cox, Jr.		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker				12b. KIND OF BUSINESS/INDUSTRY Homemaking			
13a. RESIDENCE-STATE MS		13b. COUNTY Desoto		13c. CITY, TOWN OR LOCATION Olive Branch				13d. STREET AND NUMBER OR RURAL LOCATION 3816 Saddle Bend Dr.			
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38654		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify, if yes:		15. RACE-American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2			
17. FATHER'S NAME (First, Middle, Last) Vernon Guy						18. MOTHER'S NAME (First, Middle, Maiden Surname) Gertrude Bush					
19a. INFORMANT'S NAME (Type/Print) Bobby J. Cox, Jr.						19b. RELATIONSHIP TO DECEASED Husband		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3816 Saddle Bend Dr., Olive Branch, MS 38654			
20a. METHOD OF DISPOSITION 1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Memphis Funeral Home Crematory				20c. LOCATION-City or Town, State Memphis, TN			
21a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS662		21c. SIGNATURE OF EMBALMER <i>[Signature]</i>				21d. LICENSE NUMBER OF EMBALMER 5689	
22a. NAME AND ADDRESS OF FUNERAL HOME Brantley Funeral Home P. O. Box 428, Olive Branch, MS 38654-0428								22b. LICENSE NUMBER OF FUNERAL HOME FE117			
23. REGISTRAR'S SIGNATURE <i>[Signature]</i>						24. DATE FILED (Month, Day, Year) AUG 31 2005					
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.											
1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i> Dr. David Sullivan MD						25b. LICENSE NUMBER TN 20920		25c. DATE SIGNED (Month, Day, Year) 8/29/05			
2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER						26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. David Sullivan, 9085 Sandidge Center Cove, Suite 200, Olive Branch, MS 38654											
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Acute Lymphocytic Leukemia										Approximate Interval Between Onset and Death 2 months	
b. _____ DUE TO (OR AS A CONSEQUENCE OF):											
c. _____ DUE TO (OR AS A CONSEQUENCE OF):											
d. _____ DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.											
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED			
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)						31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

IAN OR MEDICAL
ER EXECUTING
ATE MUST
ETE AND SIGN
JL CERTIFICATION
48 HOURS.

DC

STRUCTIONS
THER SIDE

CAUSE OF
DEATH